

CLAIMS ONLY							Application Number <b>101531924</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
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Total Indep	4							Total Indep			
Total Depend	10							Total Depend			
Total Claims	14							Total Claims			